DX 2772 Referenced in Pearson Trial Decl.



A Reimbursement Review

Becky Hayes Jeanette Dominguez

April 16, 2003

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What we will cover...

- Know who to contact for reimbursement questions
- Know what reimbursement pieces to use with providers/staff
- Know how to present PROCRITline.com features to a customer
- Review Fact sheets on:
 - PROCRITline Services
 - · Update on the Ambulatory Payment Classification Final Rule
 - · Streamlined Application System (SAS) Expansion Program
 - Medicaid
- A quick review of Medicare and coding

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PROCRITIine

Phone: 800-553-3851 Mon.- Fri. 9AM -8PM EST

Fax: 800-987-5572

Website: www.proodffine.com

PROCRITIine Services

- Assists with billing, coding & appeals
- Verifies insurance coverage
- Shares insurance guidelines
- Manages Patient Assistance Programs
- Provides drug replacement to healthcare professionals when a financially and medically qualified patient's claim is denied and unsuccessfully appealed

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Ortho Biotech Reimbursement Solutions

Toll free hotline for DOXIL:

- 800-609-1083
- Assist with DOXIL billing, coding and appeals
- Manage DOXIL Patient Assistance and Replacement Programs
- Analysts answering PROCRITline and Reimbursement Solutions are cross trained to answer PROCRIT and DOXIL calls

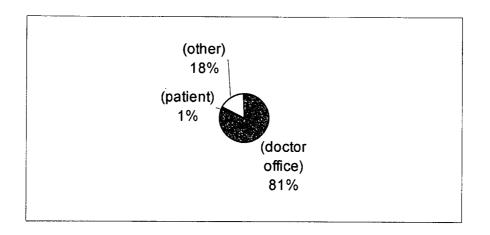
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PROCRITline/Reimbursement Solutions Statistics-2002 Caller Types



Note: Total Calls for 2002 - 57,406. Majority of calls are from physician's office-(office manager, nurse, etc.)

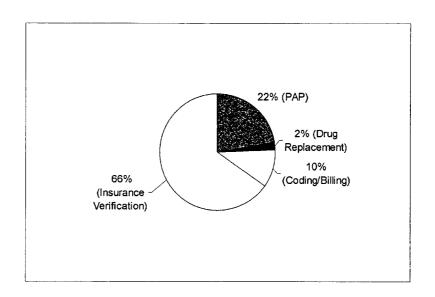
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PROCRITIne/Reimbursement Solutions Statistics-2002 Utilization by Program/Services



Most calls are initially about insurance verification, some end up as PAP cases

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Keys to Using the 800#s

- PS should not call hotline with patient specific information
- For Patient Assistance Programs (PAP), patients and physicians must complete PAP form.
 - Patient must provide proof of income
 - Patient must sign authorization to release patient specific information
 - Physician must sign if drug is shipped to office for indigent patient

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A Review of:

PROCRIT Patient Assistance Summary Grid and Frequently Asked Questions on PROCRITline Services

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Key Highlights of the Patient Assistance Programs and FAQs

- There are now 2 methods of delivery for PROCRIT patient assistance drug:
 - a drug card
 - · product delivered to the physician's office
- Patients/Providers do not need to fill out the Patient Assistance application form to have their insurance verified. As of 4/14/03, patients will need to sign an Authorization form.
- Providers can indicate the actual vial size for the patient assistance program on the application.

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PROCRITline.com demonstration

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New PROCRITLine.com Key Features

- Website is easy to navigate
- Patient Assistance Program Application Form available in .PDF format
- Local Medical Review Policies are available in .PDF format and via link to Carrier/Fiscal Intermediary site
- Several reimbursement resources available on the website (links to websites, ICD-9 guides, sample superbills, etc.)
- Access to sample claim forms
- On-line registration available

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Who to Call with Reimbursement Issue

- PROCRITline and Reimbursement Solutions 800 #s
 - ◆ Always call them first!
- Field Reimbursement Manager
 - Medicare or Medicaid coverage or policy issue
- In House Reimbursement Manager
 - Compliments/complaints about PROCRITline
 - Competitive intelligence on Aranesp reimbursement programs
 - ACCC meeting questions
 - Field Reimbursement Manager referred you

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How to Work with Your Field Reimbursement Manager

- Know your Medicare Guidelines
- Discuss issues with your DM first
- Gather all pertinent facts of issue (not patient specific information)
- Call your Field Reimbursement Manager
 - 4 franchises, 5 states, 60 reps per reimbursement manager

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A Review of:

Available Reimbursement Resources

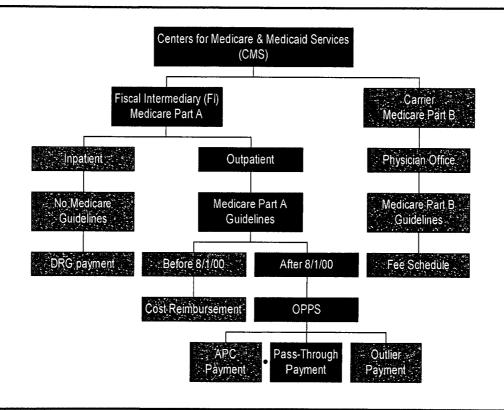
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Quick Medicare Review



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Key Highlights of Medicare

- Medicare is for the aged (over 65), disabled, and patients who have ESRD.
- Covers hospital inpatient services (DRGs) and hospital outpatient services(APCs) and services provided by physicians (fee schedule).
- Services provided in the physician's office (Part B) are reimbursed differently than services provided in the hospital (Part A).
- Medicare Part A guidelines are used in the hospital outpatient setting and Medicare Part B guidelines are used in the Physician's office setting. Part A and Part B guidelines are not the same.
- Self-injectable drugs are not covered by Medicare.

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For training purposes only. Do not distribute.

During your discussions, you should never discuss profit margins. If you need additional guidance, please contact your District Manager or any member of the Reimbursement Team.

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A Review of:

Update on Ambulatory Payment Classification (APC) Final Rule

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Key Highlights of the APC Final OPPS Rule 2003 fact sheet

- CMS concluded that PROCRIT and Aranesp are "functionally equivalent".
- This rule established the same reimbursement rate for comparable weekly doses of PROCRIT and Aranesp.
- CMS published a conversion ratio of 260IU PROCRIT to 1mcg Aranesp.
- PROCRIT will be reimbursed at \$9.10/1000U and Aranesp will be reimbursed at \$2.37/1mcg.
- At this time, only the Medicare Part A- hospital outpatient setting is affected by this rule.

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A Review of:

Streamlined Application System (SAS) Program Expansion

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Key Highlights of the SAS Program Expansion

- Ortho Biotech created the Streamlined Application System (SAS) program for qualified hospitals to provide PROCRIT to low income patients without insurance.
 - The program was offered in 1998 to 76 hospitals
 - 9 signed up for the program
 - The program has now been offered to about 100 hospitals
- The hospital must sign a contract with Ortho Biotech to participate.
- ♦ Hospitals that are not in the SAS program still have access to the PAP for indigent patients by calling
- PROCRITIINE and enrolling each individual patient.

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Key Highlights of the SAS Program Expansion-con't

- Participating hospitals use the Ortho Biotech criteria to screen and qualify patients' eligibility for the patient assistance program (PAP). Our vendor, Documedics, does not screen the individual patients for SAS hospitals.
 - Hospitals must allow us to audit their screening documentation annually.
- Hospitals that are part of a system may participate in the SAS program if one contract is signed on behalf of the entire system.

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A Review of:

Medicaid

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Key Highlights of Medicaid

- The Medicaid program provides assistance to lowincome individuals.
- Medicaid is a joint federal and state program administered by each state within federal guidelines.
- States establish their own eligibility standards and how they administer their programs.
- Drug coverage is not a required benefit under Medicaid.

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Key Highlights of Medicaid

- Most Medicaid plans have a pharmacy benefit and medical benefit. A pharmacy benefit is *not* a federal requirement.
- Great resources for the latest state-level data on demographics, health, and health policy are:
 - → See Settler that the Activities (Activities and
 - www.cms.gov.

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Comparison of Medicaid to Medicare

Medicaid	Medicare
Each state manages their own program; funded by state and federal funds	Managed by CMS; funded by federal dollars
Low Income and disabled	Over 65 years and disabled
Pharmacy Benefit	Medical Benefit (drugs administered in the physician's office are reimbursed)
Drugs paid AWP-5% to AWP- 15% (to pharmacy)	Drugs paid AWP-5% (to physicians)

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Quick Coding Review

Provides a uniform method of billing and paying for services.

Used by all payers nationally.

- ICD-9 Diagnosis codes
- CPT Physician services, like surgeries and office visits
- ♦ HCPCS Durable medical equipment and drugs
- NDC National Drug Codes

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Review of Coding for Doxil and Procrit

- PROCRIT
- ♦ HCPCS code:
 - Q0136 per 1000 units
 - Injection, epoetin alfa, for non-ESRD use
- Some payers use HCPCS code:
 - Q99XX per 1000 units
 - Injection of epo at patient hct of xx
- ◆ ICD-9s:
 - ◆ Anemia: 285.x
 - ◆ MDS: 238.7
 - ♦ MM: 203.0

- DOXIL
- + HCPCS code:
 - ◆ J9001 per 10 mg
- ICD-9s:
 - ◆ Kaposi's: 176.x
 - ◆ Ovarian: 183.0

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Remember...

- Visit Procritline.com often so you can highlight the valuable resources for your customers.
- Visit PROCRITline.com and review the glossary and 'Health Care Payment Systems'.
- Know your Medicare coverage guidelines!
- Review the Hospital Reimbursement Training CD-ROM to reinforce knowledge.
- Treat CAC member in your territory as a VIP!

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Remember...

- Know your Field-based Reimbursement Manager.
- ◆ Know how and when to access PROCRITIne 1-(800)-553-3851.
- Have stock of reimbursement pieces and be familiar with how to present to customers.
- Read the reimbursement fact sheets and sales bulletins as you get them.

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Questions?

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